POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	50	753/6	18/14/00
O.I.P.E. CLASSIFIER		4 9	9/13/00
FORMALITY REVIEW	H3	JC 866	10.06.00
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

•	Rejected	N Nor	1-elected
=	Allowed	IInte	rference
_	(Through numeral) Canceled	ААрр	eal
÷	Restricted	OObj	ected

Claim	Date
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102   103   103   103   104   105   105   105   106   106   106   106   107   107   108   109	
3	
104	
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7 0 V 57 58 107 108 108 108 109 119 119 119 119 119 119 119 119 119	<del>                                      </del>
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[19] [19] [19] [19] [19] [19] [19] [19]	
<u>表 20                                   </u>	
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37 87 137	<del> -     -         </del>
38 88 138	<del>                                     </del>
39 89 139	<del>                                     </del>
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43 93 143	<del>                                     </del>
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46 1 96 146	
47 7 97 147	
48 98 148	
49 99 149	
50 100 150	<u>                                     </u>

If more than 150 claims or 10 actions staple additional sheet here